

SAIC-Frederick, Inc.
International Travel Questionnaire

This form must be completed for all international travel destinations. International travel poses certain levels of risk that must be taken into consideration before and SAIC-Frederick employee travels to a foreign destination. This form must be completed so that in the instance an emergency occurs, the traveler can be accounted for and contacted in the even extraction from the country is necessary.

Traveler's Name: _____

Dates of Travel: _____

Travel Destination: _____

Risk Category:	A - Security High Risk	B - Less Hazardous	C - Commercial Espionage	D - Medical High Risk
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Determination of high risk locations can be obtained at the following web site location:
<https://issaic.saic.com/international/resources/hrta/risk.asp>

Is the traveler a U.S. citizen?	Yes	No
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If not a U.S. citizen, please specify nationality: _____

Will the traveler require a visa for this trip?	Yes	No
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If yes, will he/she need SAIC-Frederick's assistance in obtaining it?	Yes	No
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Will the traveler include personal travel on this trip? If yes, please be advised that you are limited to 2 personal days, once per fiscal year.	Yes	No
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Will the traveler be presenting an abstract/poster or giving a talk on this trip?	Yes	No
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Will the traveler be carrying a computer on this trip?	Yes	No
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Will the traveler be carrying any other software, hardware, or controlled data on this trip?	Yes	No
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Point of Contact Abroad (i.e., place of business visited, meeting location, collaborator location):

Name: _____

Address: _____

Telephone: _____

Hotel/Lodging Accommodations:

Name: _____

Address: _____

Telephone: _____

Has the traveler sent the "International Travel Consultation Record to OHS, Bldg. 426 to coordinate necessary vaccinations for this trip?	Yes	No
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Has the traveler scheduled his/her security briefing with Protective Services? If no, please call ext 1091 to schedule the appointment. <small>Security briefings are required for all high risk travel destinations (Category A or D)</small>	Yes	No
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Traveler's Signature: _____	Date: _____
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Form Completed By: _____	Phone: _____
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